SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 1300 OF 1316 (check only one)
	y information copied from such Reports and Statements m	ay not be sold or use	ed by any p	
$\frac{\partial I}{\partial I}$	NAME OF COMMITTEE (In Full) Ryan for Congress, Inc.	address of any pointe	ar committee	e to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Acuity Insurance Mailing Address 2800 S Taylor Drive #718 City State Sheboygan WI Purpose of Disbursement Workmans Comp Insurance Candidate Name Office Sought: House Senate President Other (s	General	001 Category/ Type	Date of Disbursement 02 13 2015 Amount of Each Disbursement this Period 1564 Transaction ID: B-E-184586
3.	State: District: Full Name (Last, First, Middle Initial) AT&T Mailing Address Bill Payment Center City State Saginaw MI Purpose of Disbursement Data plan Candidate Name Office Sought: House Disbursement For		001 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Amount of Each Disbursement this Period 52.06 Transaction ID: B-E-183280
	Senate Primary President Other (s	General specify)		
Э.	SCM Associates, Inc. Mailing Address PO Box 254			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
	City State Zip Code Dublin NH 03444-0254 Purpose of Disbursement Fundraising: direct mail Candidate Name Disbursement For: 2016 Senate President President State Zip Code NH 03444-0254 Disbursement For: 2016 Primary Other (specify)		003 Category/ Type	Amount of Each Disbursement this Period 18384.8 Transaction ID: B-E-184583
SUBTOTAL of Disbursements This Page (optional)				

TOTAL This Period (last page this line number only).....